

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000121665

Entity Name: LIBERTO THERAPY, LLC

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12921 SW 1ST ROAD  
#107-405  
JONESVILLE, FL 32669

**New Principal Place of Business:**

1123 NORTH FEDERAL HWY  
LAKE WORTH, FL 33460

**Current Mailing Address:**

12921 SW 1ST ROAD  
#107-405  
JONESVILLE, FL 32669

**New Mailing Address:**

3520 SOUTH OCEAN BLVD  
L-201  
PALM BEACH, FL 33480

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORTALEZA MANAGEMENT LLC  
12921 SW 1ST ROAD  
#107-4065  
JONESVILLE, FL 32669 US

**Name and Address of New Registered Agent:**

LIBERTO, THOMAS  
1123 NORTH FEDERAL HWY  
LAKE WORTH, FL 33460 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS LIBERTO

02/02/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: LIBERTO, THOMAS  
Address: 1123 NORTH FEDERAL HWY  
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS LIBERTO

MGMR

02/02/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date